

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northrup
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000004752**
 1. Corporation Name **Walter Uccellini / The United Group of Companies, Inc.**

98 MAY 18 AM 10:50

Principal Place of Business: **80 State Street, 8th Floor, Albany, NY 12207**
 Mailing Address: **PO Box 799, Albany, NY 12201**

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 -05/20/98--01093--024
 ***908.75 ***908.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1978	
City & State		City & State		5. FEI Number	
Zip		Country		14-1604700	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D/C	Walter Uccellini	The Crossway	Troy, NY 12180

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 OKS-18

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name: Charles Uccellini	
		Street Address (P.O. Box Number is Not Acceptable): 205 Lennox Road W.	
		Suite, Apt. #, Etc.:	
		City: Palm Harbor	State: FL Zip Code: 34083

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: **Charles Uccellini** (REGISTERED AGENT MUST SIGN) Date: **5/12/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]** 5/11/98 (518)434-2801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)